

Application Data Sheet

Application Information

Application number::

Filing Date:: Herewith

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: COMPUTER IMPLEMENTED METHOD FOR
CONTROLLING DOCUMENT EDITS

Attorney Docket Number:: 020313-001410US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 9

Total Drawing Sheets:: 8

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: R.
Family Name:: Shay
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of Mailing Address:: 1515 Madrona Drive
City of Mailing Address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98122

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffry
Middle Name:: J.
Family Name:: Grainger
Name Suffix::
City of Residence:: Portola Valley
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 95 Palmer Lane
City of Mailing Address:: Portola Valley
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94028

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/309,244	07/31/01
	Non-Provisional of	60/253,360	11/27/00

Foreign Priority Information

Country::	Application number::	Filing Date::
-----------	----------------------	---------------

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::